

## **ICAP Review Items of validation**

Date of birth: Validated with Birth Certificate  
**100% accuracy required**

Primary and Additional Diagnosis:

Validated with psychological evaluations including the diagnosis/level of IQ; Neuropsychological evaluations for brain injuries, FASD, Dementia; comprehensive multidisciplinary reports for Autism Spectrum Disorders and FASD; psychiatric evaluations including the diagnosis for mental illness or situational mental health problems, or a physician's statement saying why medications are prescribed; chemical dependency evaluation for CD; eye Dr records for blindness; audio logical evaluations for deafness; medical and/or neurological reports for seizures along with prescribed anti-seizure medication or justification for not taking medication (such as religious beliefs, cons of side effects, etc) CP indicated somewhere in medical record as a definitive diagnosis, preferably around the time of birth or carried over in history from birth records; and for any chronic medical physical health problem, either a statement from the physician, diagnosis written on a prescription or something the physician has noted should remain in the file regardless how long ago it was recorded as long as it is still accurate for today.

**100% accuracy required on the Primary Diagnosis which can only be Autism; Brain or neurological problem including TBI, FASD, dementia IF IT OCCURRED PRIOR TO AGE 22; CP; Seizures; and MR.**

Frequency of seizures: Validated through seizure logs for the last 12 months prior to the ICAP completion.  
**100% accuracy required**

Required Care: We look at all the physician/nurse involvement the person has had in the last 12 months and count the items that are not routine and are for chronic conditions. Anything non-routine for chronic conditions that are not delegate able are counted as required care.  
**100% accuracy required**

Current meds: Look at the MAR sheets from the time the ICAP was completed. We have a prescription medication manual that we look up medications in review.  
**100% accuracy required in sections 2, 3 & 4**

Arm/Hand: Observation, review of care plan, OT/PT evals and reports  
**100% accuracy required**

Mobility: Observation, speaking with staff, care plan, OT/PT records  
**100% accuracy required**

Mobility Assistance: Observation, speaking with staff, care plan, OT/PT records  
**100% accuracy required**

Adaptive Behavior: Validation for adaptive behavior is validated in a number of ways. Please see ICAP Guideline for more specific information.  
**100% Accuracy required in each domain within 5 points of the Raw Score total**

Adaptive Behavior Swallows soft foods (personal living skills #1)

Validation for this item is the swallow study indicating need for assistance due to swallowing conditions preventing safety without this service.

**100% accuracy required**

Problem Behavior:

Validated a variety of ways dependent on the severity. This information on validity is in the ICAP Guidelines.

**100% accuracy required within 5 points of the General Maladaptive Behavior Score**